U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8169	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Donald T Southern	Name National Association of Letter Carriers			
	Labor Organization File Number 000-509			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 100 Indiana Ave. N.W.	Street 100 Indiana Avenue N.W.			
City Washington	City Washington			
State District of Columbia ZIP Code + 4 20001	State District of Columbia ZIP Code + 4 20001			
5. Position in labor organization. Director of Retired Members				
- A transfer and a second of the second of t				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
01.				
City				
State ZIP Code + 4				
State ZIP Code + 4	nature			
State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of	of Perjury and other applicable penalties of the law, that all of the information bying documents), has been examined by the signatory and is, to the best of the			
State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanion).	of Perjury and other applicable penalties of the law, that all of the information bying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Donald Southern	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Hilton Hotel Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2005 Kalia Road City Honolulu State Hawaii ZIP Code + 4 96815-1999 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization			
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$104,000 12.a. Nature of interest held or income received. During the National Convention held in hawaii in July 2004, a complimentary room was provided to me and is being reported consistent with Dept. of Labor interpretive manual Section 246.40V			
	12.b. Amount, \$964			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Donald Southern File Number U-	Name of Person Filing Donald Southern		File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	a 2.00
Name Peake-Delancey Printing LLC	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2500 Schuster Drive	c. Employer	
City Cheverly		
State Maryland ZIP Code + 4 20781		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Printer for various print jobs	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$3,000,000
	12.a. Nature of interest held or income received. 1 round of golf in Hawaii at National Convention	
	5/31/04 steak & crab cake gift pac	k
	9/06/04 steak gift pack	<i>b</i>
	11/24/04 Thanksgiving fruit basket	}
	12/25/04 Christmas card printing a cheese/ham	nd fruit/wine/
	12.b. Amount.	\$1,201

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